

Issue w/ add bar

RENEWAL ADVISORY

68 3306

Serial #: 1188177

NEW / OP / 252

New Effective Date: 06/01/2015

New Expiration Date: 05/31/2017

License Fee: \$4,352.00

Filing Fee: \$90.00

TOTAL FEE DUE: \$4,442.00

Premises Address:

THE STONEWALL INN LLC

53 CHRISTOPHER STREET SEVENTH AVE. SOUTH

NEW YORK, NY 10014

RECEIVED MAY 21 2015

This letter is to notify you that your current license is due to expire on 05/31/2015. The renewal procedures have changed so please review all forms / instructions carefully.

THIS IS THE ONLY NOTIFICATION YOU WILL RECEIVE.

The renewal application form can be found on the Authority's website at: www.sla.ny.gov/renewals

You must complete the renewal application and return it with this renewal advisory to the address below:

M&T Bank Lockbox
New York State Liquor Authority
PO Box 8000-Dept 930
Buffalo, New York 14267

You must include this renewal advisory, the completed renewal application, appropriate fee and all other required documents.

The required Community Board notice form for New York City on-premises licensees is also available on our website. You must notify the Community Board at least 30 days prior to sending the renewal forms to the Authority.

NOTE: Renewal applications must be mailed to the address shown above. Applications sent to any other address will be returned and will delay the processing of your renewal.

FOR RENEWAL INFORMATION VISIT OUR WEBSITE

www.sla.ny.gov/renewals

If Undeliverable Return To:
NYS Liquor Authority
80 S. Swan St., Suite 900
Albany, NY 12210



THE STONEWALL INN LLC
53 CHRISTOPHER STREET
SEVENTH AVE. SOUTH
NEW YORK, NY 10014

IMPORTANT – LICENSE RENEWAL ADVISORY

RETAIL-RENEWAL**ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL****1. Licensed Premises Information**Is your licensed premises closed? ☐ YES ☒ NOIf yes, is your license in safekeeping with the Authority? ☐ YES ☐ NOIf yes, do you wish for your license to remain in Safekeeping at Renewal? ☐ YES ☐ NOIf yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. *Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.*

Licensed Premises Name: The Stonewall Inn LLC

License Serial #: 1188177

Trade Name (if applicable):

Federal Employer Identification Number:

1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor

Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.

If you hold an **on-premises** license, please select the method of operation from the following list:

- ☐ Restaurant ☐ Catering Establishment ☐ Club (i.e., Fraternal Org) ☐ Hotel ☐ Bed & Breakfast ☐ Ball Park/Stadium/Arena
☒ Bar/Tavern ☐ Sports Bar ☐ Cabaret ☐ Night Club/Dance Club ☐ Adult Entertainment ☐ Country Club/ Golf Course

If dancing is permitted at the premises, who is be permitted to dance? ☐ Patrons ☐ Employees for entertainment ☐ BothIf dancing is permitted, is there exotic dancing including, but not limited to, pole dancing and/or lap dancing? ☐ YES ☐ NOIs there topless entertainment at the premises? ☐ YES ☐ NO

Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.

1b. Address of the Licensed Premises

If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board.

Licensed Premises Address: 53 Christopher Street

City: New York

State: NY

Zip Code: 10014

County: New York

Email Address:

tony@theduplex.com

Premises Telephone # (include area code): 212-488-2715

Contact Phone # (include area code): (973) 953-6680

Mailing Address (if different than premises address)

Mailing Address:

City:

State:

Zip Code:

RETAIL-RENEWAL**1c. Landlord/Building Owner Name and Address - also required if building is owned by the licensee**

Landlord Name:

Address:

City: State: Zip Code:

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been **ARRESTED** and/or **CONVICTED** during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

☐ YES ☒ NO ☐ Previously Reported

If YES, complete the chart below. Submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If the charge(s) are not complete submit documentation showing your next court appearance. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Telephone # (include area code): Cell Phone # (include area code):

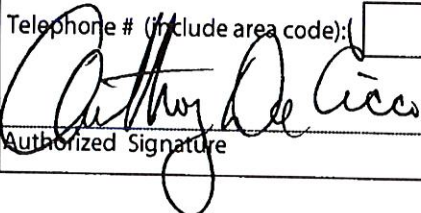
Signature _____ Title _____ Date _____

RETAIL-RENEWAL**B. Partnership** *(This section must be completed, signed and dated by each partner.)*
Attach additional sheets if necessary

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Partner Signature	Title		Date		

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Partner Signature	Title		Date		

C. Corporation, LLC or LLP *(This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)*

Print Name:	Anthony DeCicco	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	NJ	Zip Code:	07110
Title:	LLC Manager				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Authorized Signature	Title		Date		
	Managing Member		5/1/15		

RETAIL-RENEWAL

C. - Continued - All remaining Principals on the license must be listed below.
(Attach additional sheets as needed to include all principals)

Print Name:	Curtis Kelly	Date of Birth:		Social Security #:	
Residence street address:					
City:		State:	PA	Zip Code:	19067
Title:	LLC Manager				
Telephone # (include area code):			Cell Phone # (include area code):		

Print Name:	William Morgan	Date of Birth:		Social Security #:	
Residence street address:					
City:		State:	NJ	Zip Code:	07094
Title:	LLC Manager				
Telephone # (include area code):			Cell Phone # (include area code):		

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (include area code):			Cell Phone # (include area code):		

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (include area code):			Cell Phone # (include area code):		

RETAIL-RENEWAL

D. Club *(This section must be completed, signed and dated by the Club Alcoholic Beverage Control (ABC) Officer who has been approved by the State Liquor Authority.)*

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>		Cell Phone # (include area code):	<input type="text"/>	
Authorized Signature _____		Title _____		Date _____	

EXCISE BOND UNDERWRITERS

15 MAIDEN LANE, SUITE 800 • NEW YORK, N.Y. 10038

04/21/15

BOND IN SUPPORT OF APPLICATION FOR LICENSE OR
PERMIT UNDER THE NEW YORK ALCOHOLIC
BEVERAGE CONTROL LAW

LIQUOR

BOND EXPIRES IN

BOND NUMBER

001--15

Penal Sum of Bond **MAY, 2017**
1,000.00 Plus Costs

04-50-241577

KNOW ALL MEN BY THESE PRESENTS, that we,

Name of Applicant

Address of Place of Business

THE STONEWALL INN LLC

**53 CHRISTOPHER STREET
NEW YORK NY 10014**

In the county of **NEW YORK** State of **NEW YORK** as Principal, and
having an office and usual place of business at

**GREAT AMERICAN INSURANCE COMPANY
5 DAKOTA DRIVE
LAKE SUCCESS NY 00000**

a surety company approved by the Superintendent of Insurance of New York State as to solvency and responsibility and authorized to transact business in New York State, as Surety, are held and firmly bound unto the People of the State of New York in the penal sum set forth above and for the payment of any costs taxed or allowed in any action or proceeding to the extent of One Thousand Dollars (\$1,000.00) for the payment of which sum or sums, well and truly to be made, we, the said principal and surety, bind ourselves, successors, and assigns, respectively, jointly and severally, firmly by these presents.

WHEREAS, the above bounden principal is making application to the New York State Liquor Authority, for a license or permit under the Alcoholic Beverage Control Law and the said State Liquor Authority, by Part 81 of Subtitle B of Title 9 of the Official Compilation of the Codes, Rules and Regulations of the State of New York (Rule 9 of the Rules of the Authority), having required the principal to file with it a bond to the People of the State of New York, as provided in said Law aforesaid.

NOW, THEREFORE, the conditions of this obligation are such that if the said license or permit applied for, which expires on the date designated in said license or permit, is granted to the said principal and the principal will not, during the license or permit period, suffer or permit any violation of the provisions of the Alcoholic Beverage Control Law, or of any of the rules now or hereafter issued by said State Liquor Authority, or give cause as provided in the Alcoholic Beverage Control Law or Part 53 of Subtitle B of Title 9 of the Official Compilation of the Codes, Rules and Regulations of the State of New York (Rule 36 of the Rules of the State Liquor Authority), for the cancellation, revocation or suspension of said license or permit or the issuance of an order of warning, and will pay all fines and penalties which shall accrue thereunder, together with all costs taxed or allowed in any action or proceeding brought or instituted for a violation of any of the provisions of said Alcoholic Beverage Control Law, or of any of the rules now or hereafter issued by said State Liquor Authority, or for cause for the cancellation, revocation or suspension or issuance of an order of warning as provided in the Alcoholic Beverage Control Law or Rules of the Authority, or costs taxed or allowed in any review pursuant to Section 121 of the Alcoholic Beverage Control Law; then this obligation shall be void; otherwise to remain in full force and effect; subject, however, to the conditions stated on reverse side.

IN WITNESS WHEREOF the parties hereto have caused these presents to be signed and sealed this 11th day of May, 2015

Anthony DeGica
Principal (Applicant/Licensee) L.S.
BY: Anthony DeGica

↑
APPLICANT MUST SIGN HERE

GREAT AMERICAN INSURANCE COMPANY

John L. Corneau
Attorney-in-fact

BOND IN SUPPORT OF APPLICATION FOR LICENSE OR PERMIT
UNDER THE NEW YORK ALCOHOLIC BEVERAGE CONTROL LAW

CONDITIONS

1. An action for the breach of any condition of this bond may be maintained without previous conviction or prosecution for the violation of any provision of said Alcoholic Beverage Control Law, or of any of the rules now or hereafter issued by the State Liquor Authority, or for cause as provided by the Alcoholic Beverage Control Law or Part 53 of Subtitle B of Title 9 of the Official Compilation of the Codes, Rules and Regulations of the State of New York (Rule 36 of the Rules of the Authority).
2. The aggregate liability of the surety on account of any and all defaults hereunder shall in no event exceed the penal sum of this bond plus costs taxed or allowed in any action or proceeding to the extent of One Thousand Dollars (\$1000.00).
3. Upon the payment of any loss arising under this bond, the surety shall be subrogated to the rights and remedies of the obligee against the principal to recover from the principal any amount so paid.
4. Any action brought for the penal sum of this bond shall be commenced within twenty-four months after the expiration of the license or permit period aforementioned, or for costs within one year after final disposition of any action or proceeding. In the event of the institution of any action or proceeding to review the Authority's determination, the period of 24 months shall not commence until the final determination of the proceeding or litigation.
5. This bond shall be effective during the time the aforementioned license or permit shall be in effect and during any extension thereof.
6. A breach of any condition of this bond shall be deemed to have been established by the revocation, cancellation or suspension of the aforesaid license or permit or the issuance of an order of warning by the State Liquor Authority unless said revocation, cancellation, suspension or order of warning shall have been reversed or annulled by a Court of competent jurisdiction.
7. In any action or proceeding to recover on this bond, the principal and the company named herein as Surety waive any defense based upon any defect in the bond, including, but not limited to, an erroneous, improper or defective insertion or omission to insert or apparent alteration of the expiration year and/or amount of the penal sum of the bond and further waive any objection that the bond bears a printed, typewritten or facsimile signature. Any bond filed with the State Liquor Authority shall be admissible in evidence in any court on application of the State Liquor Authority or People of the State of New York without further proof of due execution thereof by or on behalf of the principal and surety and shall be conclusively presumed to have been duly executed by and on behalf of the principal and surety. Any bond filed with the State Liquor Authority and bearing the printed or facsimile name of the surety or the typewritten or facsimile signature of its representative shall be conclusively presumed to be the duly issued bond of the surety company and binding on it, its successors and assigns for the amount specified in Part 81 of Subtitle B of Title 9 of the Official Compilation of Codes, Rules and Regulations of the State of New York (Rule 9 of the Rules of the State Liquor Authority).

04/21/15

TYPE OF BOND

LIQUOR

LOC. -- SUR.

BROKER

BOND EXPIRES IN

BOND NUMBER

001--15

Penal Sum of Bond MAY, 2017

04-50-241577

KNOW ALL MEN BY THESE PRESENTS, that we

1,000.00 Plus Costs

Name of Applicant

Address of Place of Business

THE STONEWALL INN LLC

53 CHRISTOPHER STREET
NEW YORK NY 10014

In the county of NEW YORK State of NEW YORK, as Principal, and
having an office and usual place of business at

GREAT AMERICAN INSURANCE COMPANY
5 DAKOTA DRIVE
LAKE SUCCESS, NY 00000

INDICATE BY MARKING AN "X" IN THE PROPER ☐ , THE DESCRIPTION OF YOUR BUSINESS AS IT WILL APPEAR ON YOUR APPLICATION FOR A LICENSE.

MANUFACTURER	*PENAL AMOUNT OF BOND	1 YEAR	PREMIUM 2 YEARS	3 YEARS
<input type="checkbox"/> Microbrewer	\$1,000.00	\$50.00		
<input type="checkbox"/> Brewer	15,000.00	180.00		
<input type="checkbox"/> Distiller (Class A)	25,000.00	300.00	525.00	750.00
<input type="checkbox"/> Distiller (Class B)	25,000.00	300.00	525.00	750.00
<input type="checkbox"/> Distiller (Class C)	5,000.00	60.00	105.00	150.00
<input type="checkbox"/> Wineries	10,000.00	120.00		
<input type="checkbox"/> Cider Producer and / or Sale	1,000.00	50.00		
<input type="checkbox"/> Farm Winery	1,000.00	50.00		

WHOLESALE

<input type="checkbox"/> Beer	\$10,000.00	\$120.00		
<input type="checkbox"/> Wine	10,000.00	120.00		
<input type="checkbox"/> Liquor	20,000.00	240.00	420.00	600.00

<input type="checkbox"/> VENDOR	1,000.00	50.00	75.00	100.00
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OFF-PREMISE

<input type="checkbox"/> Beer (Grocery or Drug Store)	1,000.00	50.00	75.00	100.00
<input type="checkbox"/> Wine and Cider	1,000.00	50.00		
<input type="checkbox"/> Liquor (Liquor Store)	1,000.00	50.00	75.00	100.00
<input type="checkbox"/> Beer / Wine Products	1,000.00	50.00	75.00	100.00

* In addition to the Penal Sum shown, the Bond applicant for shall undertake that any costs incurred or allowed in any action or proceeding will be paid to the extent of \$1,000.00.

ON PREMISE	*PENAL AMOUNT OF BOND	1 YEAR	PREMIUM 2 YEARS	3 YEARS
<input type="checkbox"/> BEER				
<input type="checkbox"/> Eating Place	\$1,000.00	\$50.00	\$75.00	\$100.00
<input type="checkbox"/> Bar/Club or Racetrack	1,000.00	50.00	75.00	100.00
<input type="checkbox"/> Vessel	1,000.00	50.00	75.00	100.00
<input type="checkbox"/> Summer Only	1,000.00	50.00		
<input type="checkbox"/> Winter Only	1,000.00	50.00		

WINE, BEER, AND CIDER

<input type="checkbox"/> Club, Hotel, or Restaurant	1,000.00	50.00		
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LIQUOR, WINE, AND BEER

<input type="checkbox"/> Restaurant, Hotel, Club, Tavern				
<input type="checkbox"/> Catering Establishment or Vessel	1,000.00	50.00	75.00	100.00
<input type="checkbox"/> Restaurant Brewer	2,000.00	100.00	150.00	200.00
<input type="checkbox"/> Railroad car	1,000.00	50.00	75.00	100.00
<input type="checkbox"/> Summer Only	1,000.00	50.00		
<input type="checkbox"/> Winter Only	1,000.00	50.00		

PERMITTEES

<input type="checkbox"/> Bottling	5,000.00	75.00	131.25	187.50
<input type="checkbox"/> Broker	1,000.00	50.00	75.00	100.00
<input type="checkbox"/> Warehouse	5,000.00	50.00	87.50	125.00
<input type="checkbox"/> Trucking (No. of Trucks Operating Under Permit)			1,000.00	50.00
Add 60¢ for each truck in excess of three, max. \$60.00 2 year premium \$75.00 + \$1.05 for each truck in excess of three, maximum \$105.00 3 year premium \$100.00 + \$1.50 for each truck in excess of three, maximum \$150.00				
<input type="checkbox"/> Fleet Trucking	1,000.00	60.00		

SOLICITOR PERMIT ** (WRITE EMPLOYER'S NAME ON BACK)

<input type="checkbox"/> SOLICITOR	1,000.00	50.00	75.00	100.00
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GREAT AMERICAN INSURANCE COMPANY

Broker or General Agent

Street

City and State

Broker's License Number

Agent's Company

FILE COPY

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance, containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

I, or we, personally, as well as an officer of the corporation, on behalf of the corporation or partnership, agree to pay the original premium and any subsequent or additional premium and agree to indemnify and keep indemnified the Company and save it harmless from and against any and all losses, demands, liabilities and expenses including attorney and counsel fees, which it shall at any time sustain or incur and will pay over, reimburse the Company, its successors and assigns, all sums and amounts of money which the Company or its representatives shall pay or cause to be paid, or become liable to pay under its obligations under said bond; or any charges or expense incurred in the investigation or in connection with any litigation by reason of the execution thereof; and will upon demand place the Company in funds with which to meet any such claim or expense, even though the Company or its representatives shall have paid, out such sum or any part thereof or not.

Dated this _____ day of _____ A.D. _____

APPLICANT / PERSONAL GUARANTOR SIGN HERE: _____

PRINT NAME: _____

HOME ADDRESS: _____

SOCIAL SECURITY # : _____ HOME TEL. # : _____

IF CORPORATION SIGN HERE***

(Name of Corporation)

BY _____
President

***NOTICE - IF CORPORATION - THE APPLICATION MUST BE SIGNED BY LICENSEE AS APPLICANT/PERSONAL GUARANTOR AND CORPORATION.

ALL APPLICATIONS ARE TO BE SIGNED AND RETURNED WITHIN TEN (10) DAYS.

**FOR SOLICITOR BONDS ONLY

Employer's Name _____

Street Address _____

City and County _____

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE
NEC 001 NY 10012

Postage	\$	\$0.49	0231
Certified Fee		\$3.30	15
Return Receipt Fee (Endorsement Required)		\$2.70	Postmark Here
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$6.49	04/16/2015

Sent to Community Board #2
 Street & Apt. No. 3 W 12th St
 or PO Box No. NY, NY 10012
 City, State, ZIP+4

Certified Mail service provides the following benefits:

- A Certified Mail receipt (this portion of the Certified Mail label).
- A unique identifier for your mailpiece.
- Electronic verification of delivery or attempted delivery.
- A record of delivery (including the recipient's signature) that is retained by the Postal Service for a specified period.

Important Reminders:

- You may purchase Certified Mail service with First-Class Mail® or Priority Mail® service.
- Certified Mail service is not available for international mail.
- Insurance coverage is not available for the purchase of Certified Mail service. However, this purchase of Certified Mail service does not change the insurance coverage automatically included with certain Priority Mail items.
- For an additional fee, you may request the following services:
 - Return receipt service, which provides you with a record of delivery (including the recipient's signature). You can request a hardcopy return receipt or an electronic version. For a hardcopy return receipt, complete PS Form 3811, *Domestic Return Receipt*.
 - Restricted delivery service, which provides delivery to the addressee specified by name, or to the addressee's authorized agent.
 - Include applicable postage to cover the restricted delivery fee and endorse the mailpiece "Restricted Delivery," or see a retail associate for assistance.
 - To ensure that your Certified Mail receipt is accepted as legal proof of mailing, it should bear a USPS postmark. If you would like a postmark on this Certified Mail receipt, please present your Certified Mail item at a Post Office for postmarking. If you don't need a postmark on this Certified Mail receipt, detach the barcoded portion of this label, affix it to the mailpiece, apply appropriate postage, and deposit the mailpiece.

IMPORTANT: Save this receipt for your records.
PS Form 3800, July 2014 (Revised) PSN 7530-02-000-9047

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Community Board 2
3 Washington Sq. V.I.
#1A
New York, NY 10012

2. Article Number

(Transfer from service label)

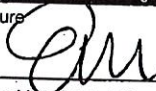
7014 2120 0000 9568 0322

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY


A. Signature

X

☒ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☒ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail®☐ Priority Mail Express™☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

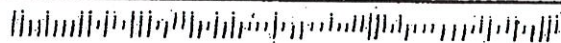
NEW YORK NY 100

21 APR 2015 PM 2 T

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

Tony DeCicco



Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board
(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy) 4/16/15
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License
☐ New Application ☒ Renewal ☐ Alteration ☐ Corporate Change

This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board

3. Name of Municipality or Community Board: Manhattan Community Board 2

Applicant/Licensee Information

4. License Serial Number, if not New Application: 1188177+1188178 Expiration Date, if not New Application: 5/31/15
5. Applicant or Licensee Name: The Stonewall Inn LLC
6. Trade Name (if any): _____
7. Street Address of Establishment: 53 Christopher Street
8. City, Town or Village: New York, NY Zip Code: 10014
9. Business Telephone Number of Applicant/Licensee: 212-488-2705
10. Business Fax Number of Applicant/Licensee: None
11. Business E-mail of Applicant/Licensee: Tony@theduplex.com

**For New applicants, provide description below using all information known to date.
For Alteration applicants, attach complete description and diagram of proposed alteration(s).
For Current Licensees, set forth approved Method of Operation only.
Do Not Use This Form to Change Your Method of Operation.**

12. Type(s) of Alcohol sold or to be sold: ("X" One) ☐ Beer Only ☐ Wine & Beer Only ☒ Liquor, Wine & Beer
13. Extent of Food Service: ("X" One) ☐ Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) ☒ Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)
14. Type of Establishment: ("X" all that apply)
☒ Recorded Music ☒ Live Music ☒ Disc Jockey ☐ Juke Box ☒ Karaoke Bar ☒ Stage Shows
☐ Patron Dancing (small scale) ☐ Cabaret, Night Club (Large Scale Dance Club) ☐ Catering Facility
☐ Capacity of 600 or more patrons ☐ Topless Entertainment ☐ Restaurant ☐ Hotel
☐ Recreational Facility (Sports Facility/Vessel) ☐ Club (e.g. Golf Club/Fraternal Org.) ☐ Bed & Breakfast
☐ Seasonal Establishment
15. Licensed Outdoor Area: ("X" all that apply)
☒ None ☐ Patio or Deck ☐ Rooftop ☐ Garden/Grounds ☐ Freestanding Covered Structure
☐ Sidewalk Cafe ☐ Other (specify): _____

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board
(Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on: 1st + 2nd
17. List the room number(s) the establishment is located in within the building, if appropriate: N/A
18. Is the premises located with 500 feet of three or more on-premises liquor establishments? ☒ Yes ☐ No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? ☒ Yes ☐ No
20. Does the applicant or licensee own the building in which the establishment is located? ("X" One) ☐ Yes (If Yes SKIP 21-24) ☒ No

Owner of the Building in Which the Licensed Establishment is Located

21. Building Owner's Full Name: Duell LLC
22. Building Owner's Street Address: 5 East 57th Street
23. City, Town or Village: New York State: NY Zip Code: 10022

Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice

25. Attorney's Full Name: Warren Pesetsky
26. Attorney's Street Address: 325 Broadway #501
27. City, Town or Village: New York State: NY Zip Code: 10007
28. Business Telephone Number of Attorney: 212-513-1988
29. Business Email Address of Attorney: wpesetsky@pandblegal.com

I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

30. Printed Name: Anthony DeGiacco Title: Managing Member
- Signature: X Anthony DeGiacco

Issue w/main bar

RENEWAL ADVISORY

68 3307

Serial #: 1188178

NEW / OP / 901

New Effective Date: 06/01/2015

New Expiration Date: 05/31/2017

License Fee: \$4,352.00

Filing Fee: \$30.00

Premises Address:

THE STONEWALL INN LLC

53 CHRISTOPHER STREET

NEW YORK, NY 10014

TOTAL FEE DUE: \$4,382.00

RECEIVED MAY 21 2015

This letter is to notify you that your current license is due to expire on 05/31/2015. The renewal procedures have changed so please review all forms / instructions carefully.

THIS IS THE ONLY NOTIFICATION YOU WILL RECEIVE.

The renewal application form can be found on the Authority's website at www.sla.ny.gov/renewals.

You must complete the renewal application and return it with this renewal advisory to the address below:

M&T Bank Lockbox
New York State Liquor Authority
PO Box 8000-Dept 930
Buffalo, New York 14267

You must include this renewal advisory, the completed renewal application, appropriate fee and all other required documents.

The required Community Board notice form for New York City on-premises licensees is also available on our website. You must notify the Community Board at least 30 days prior to sending the renewal forms to the Authority.

NOTE: Renewal applications must be mailed to the address shown above. Applications sent to any other address will be returned and will delay the processing of your renewal.

FOR RENEWAL INFORMATION VISIT OUR WEBSITE

www.sla.ny.gov/renewals

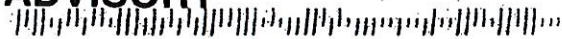
If Undeliverable Return To:
NYS Liquor Authority
80 S. Swan St., Suite 900
Albany, NY 12210



THE STONEWALL INN LLC
53 CHRISTOPHER STREET
NEW YORK, NY 10014

IMPORTANT – LICENSE RENEWAL ADVISORY

1001433530 0024



ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL**1. Licensed Premises Information**Is your licensed premises closed? ☐ YES ☒ NOIf yes, is your license in safekeeping with the Authority? ☐ YES ☐ NOIf yes, do you wish for your license to remain in Safekeeping at Renewal? ☐ YES ☐ NOIf yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. *Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.*

Licensed Premises Name: The Stonewall Inn LLC

License Serial #: 1188178

Trade Name (if applicable):

Federal Employer Identification Number:

1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor

Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.

If you hold an **on-premises** license, please select the method of operation from the following list:

☐ Restaurant ☐ Catering Establishment ☐ Club (i.e., Fraternal Org) ☐ Hotel ☐ Bed & Breakfast ☐ Ball Park/Stadium/Arena

☒ Bar/Tavern ☐ Sports Bar ☐ Cabaret ☐ Night Club/Dance Club ☐ Adult Entertainment ☐ Country Club/ Golf Course

If dancing is permitted at the premises, who is be permitted to dance? ☐ Patrons ☐ Employees for entertainment ☐ BothIf dancing is permitted, is there exotic dancing including, but not limited to, pole dancing and/or lap dancing? ☐ YES ☐ NOIs there topless entertainment at the premises? ☐ YES ☐ NO

Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.

1b. Address of the Licensed Premises

If your address has been changed as a result of a 911 change, please provide proof of the change such as notification of the 911 address change from the local Municipality/Community Board.

Licensed Premises Address: 53 Christopher Street

City: New York

State: NY

Zip Code: 10014

County: New York

Email Address:

tony@theduplex.com

Premises Telephone # (include area code): 212-488-2715

Contact Phone # (include area code): (973) 953-6680

Mailing Address (if different than premises address)

Mailing Address:

City:

State:

Zip Code:

RETAIL-RENEWAL**1c. Landlord/Building Owner Name and Address - also required if building is owned by the licensee**

Landlord Name:

Address:

City: State: Zip Code:

2. Arrest/Conviction Information

Has the applicant or (if partnership) any of the partners, or (if a corporation) any of the officers, directors, stockholders, or any agent or employee of the applicant, been **ARRESTED** and/or **CONVICTED** during this renewal period (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except minor traffic violations?

☐ YES ☒ NO ☐ Previously Reported

If YES, complete the chart below. Submit a Police Report, Certificate of Disposition, Certificate of Conviction or a Certificate of Relief from Disabilities from the Court Clerk for each case. If the charge(s) are not complete submit documentation showing your next court appearance. If necessary, attach additional sheets.

Name of the Defendant	Connection with Licensed Premise (licensee, officer)	Date of Offense	Nature of the arrest and/or conviction	Disposition

3. Applicant Information and Certification

The signature below certifies that I know the contents of this application and the statements contained therein; that the same are true of my own knowledge; and that I am authorized to execute this application and sign this certification. I further certify that I have read the terms and conditions included with this application for the renewal and agree to comply with the conditions.

A. Sole Proprietor (This section must be completed, signed and dated by the sole proprietor.)

Print Name: Date of Birth: Social Security #:

Residence street address:

City: State: Zip Code:

Telephone # (include area code): Cell Phone # (include area code):

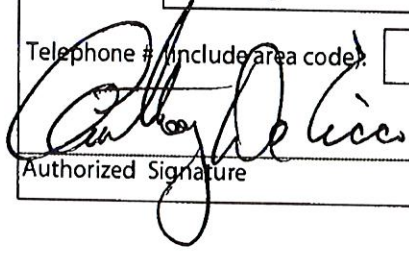
Signature _____ Title _____ Date _____

RETAIL-RENEWAL**B. Partnership (This section must be completed, signed and dated by each partner.)**
Attach additional sheets if necessary

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Partner Signature	Title		Date		

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Partner Signature	Title		Date		

C. Corporation, LLC or LLP (This section must be completed, signed and dated by an authorized officer. This principal should be the primary point of contact.)

Print Name:	Anthony DeCicco	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	NJ	Zip Code:	07110
Title:	LLC Manager				
Telephone # (include area code):	<input type="text"/>	Cell Phone # (include area code):	<input type="text"/>		
Authorized Signature	Title		Date		
	Managing Member		5/1/15		

RETAIL-RENEWAL

C. - Continued - All remaining Principals on the license must be listed below.
(Attach additional sheets as needed to include all principals)

Print Name:	Curtis Kelly	Date of Birth:		Social Security	
Residence street address:	419 N. Pennsylvania Ave				
City:		State:	PA	Zip Code:	19067
Title:	LLC Manager				
Telephone # (include area code):			Cell Phone # (include area code):		

Print Name:	William Morgan	Date of Birth:		Social Security #:	
Residence street address:	1082 Farm Road				
City:		State:	NJ	Zip Code:	07094
Title:	LLC Manager				
Telephone # (include area code):			Cell Phone # (include area code):		

Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (include area code):			Cell Phone # (include area code):		

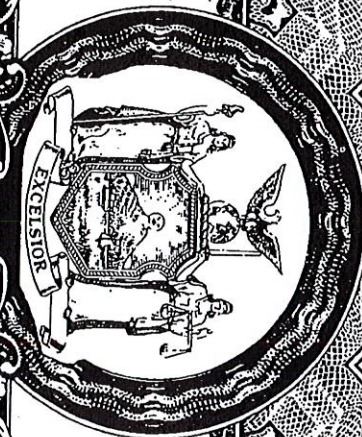
Print Name:		Date of Birth:		Social Security #:	
Residence street address:					
City:		State:		Zip Code:	
Title:					
Telephone # (include area code):			Cell Phone # (include area code):		

RETAIL-RENEWAL

D. Club *(This section must be completed, signed and dated by the Club Alcoholic Beverage Control (ABC) Officer who has been approved by the State Liquor Authority.)*

Print Name:	<input type="text"/>	Date of Birth:	<input type="text"/>	Social Security #:	<input type="text"/>
Residence street address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip Code:	<input type="text"/>
Title:	<input type="text"/>				
Telephone # (include area code):	<input type="text"/>		Cell Phone # (include area code):	<input type="text"/>	
Authorized Signature		Title		Date	

ON-PREMISES LIQUOR LICENSE
SERIAL #: 1188177
COUNTY: NEW YORK



EFFECTIVE DATE: 05/26/2015
EXPIRATION DATE: 5/31/2017
CERTIFICATE #: 849627

NEW YORK STATE LIQUOR AUTHORITY

THE LICENSEE DESIGNATED BELOW IS HEREBY GRANTED PERMISSION, UNDER THE ALCOHOLIC BEVERAGE CONTROL LAW TO TRAFFIC IN ALCOHOLIC BEVERAGE PURSUANT TO THE TYPE OF LICENSE INDICATED IN THE UPPER LEFT HAND CORNER OF THIS CERTIFICATE AND ACCORDING TO THE STATUTES AND REGULATIONS PERTAINING THERETO.

THIS LICENSE SHALL NOT BE TRANSFERABLE TO ANY OTHER PERSON OR TO ANY OTHER PREMISES OR TO ANY OTHER PART OF THE BUILDING CONTAINING SUCH LICENSED PREMISES: IT SHALL NOT BE DEEMED A PROPERTY OR VESTED RIGHT AND MAY BE REVOKED AT ANY TIME PURSUANT TO LAW

METHOD OF OPERATION

TAVERN SERVING BEER WINE AND LIQUOR

THE STONEMALL INN LLC

53 CHRISTOPHER STREET
NEW YORK NY 10014

FILING FEE \$90.00
LICENSE FEE \$4,352.00

Jeanique Greene
Jeanique Greene Kevin Kim
Commissioners

BEFORE COMMENCING OR DOING ANY BUSINESS FOR THE TIME FOR WHICH THIS LICENSE HAS BEEN ISSUED, THE SAID LICENSEE SHALL BE ENCLOSED IN A SUITABLE WOOD OR METAL FRAME, HAVING A CLEAR GLASS SPACE AND A SUBSTANTIAL WOOD OR METAL BACK SO THAT THE WHOLE OF SAID LICENSE MAY BE SEEN THEREIN, AND SHALL BE POSTED UP AND AT ALL TIMES DISPLAYED IN A CONSPICUOUS PLACE IN THE ROOM WHERE SUCH BUSINESS IS CARRIED ON, SO THAT ALL PERSONS VISITING SUCH PLACE MAY READILY SEE THE SAME.

S/LA FORM 180-033 (10/09)

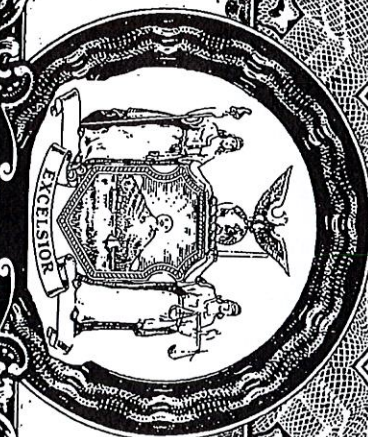
Certificate No. B849627

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ADDITIONAL BAR LICENSE

2017 1. NEW OP 1188178 901



LICENSE EFFECTIVE DATE 6/1/2017

LICENSE EXPIRES 5/31/2017

NEW YORK STATE LIQUOR AUTHORITY

THE LICENSEE DESIGNATED BELOW IS HEREBY GRANTED PERMISSION, UNDER THE ALCOHOLIC BEVERAGE CONTROL LAW TO TRAFFIC IN ALCOHOLIC BEVERAGE PURSUANT TO THE TYPE OF LICENSE INDICATED IN THE UPPER LEFT HAND CORNER OF THIS CERTIFICATE AND ACCORDING TO THE STATUTES AND REGULATIONS PERTAINING THERETO.

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SERIAL 1188178
COUNTY NEW YORK
BASE LICENSE NUMBER 1188177
CERTIFICATE NUMBER 849628

FILING FEE \$30.00
LICENSE FEE \$4,352.00

THE STONEWALL INN LLC

53 CHRISTOPHER STREET
NEW YORK NY 10014

Jeanique Greene
Jeanique Greene Kevin Kim
Commissioners

BEFORE COMMENCING OR DOING ANY BUSINESS FOR THE TIME FOR WHICH THIS LICENSE HAS BEEN ISSUED, THE SAID LICENSEE SHALL BE ENCLOSED IN A SUITABLE WOOD OR METAL FRAME, HAVING A CLEAR GLASS SPACE AND A SUBSTANTIAL WOOD OR METAL BACK SO THAT THE WHOLE OF SAID LICENSE MAY BE SEEN THEREIN, AND SHALL BE POSTED UP AND AT ALL TIMES DISPLAYED IN A CONSPICUOUS PLACE IN THE ROOM WHERE SUCH BUSINESS IS CARRIED ON, SO THAT ALL PERSONS VISITING SUCH PLACE MAY READILY SEE THE SAME.

SILA FORM 180-033 (10/09)

Certificate No. B849628

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